## **CALFRESH (CF) PROGRAM** REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county

	where the hearing took place, with a copy of the form directed to the	ap	propriate CalFresh Bureau unit	manager.	
1.	RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation	5.	DATE OF REQUEST: 10/2/12	NEED RESPONSE BY: 10/12/12	
	☐ QC ☐ Fair Hearing ☑ Other:	6. 7.	COUNTY/ORGANIZATION: Butte SUBJECT: Telephone Recertification a	and the Statement of Facts	
2.	REQUESTOR NAME:	8.			
3.	PHONE NO.:	-	ACIN I-14-11		
4.	REGULATION CITE(S): MPP Section 63-300.2, 63-300.321				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):				
	When completing a phone recertification interview in the C-IV system, does the "Statement of Facts" need to be printed and sent to the customer for a signature?				
	Statement of Facts is either the SAWS 2 or the DFA 285-A2.				

## REQUESTOR'S PROPOSED ANSWER:

Signature on the SOF is not necessary if we have a signed application.

## 11. STATE POLICY RESPONSE (CFPB USE ONLY):

Yes, all parts of the CalFresh application must be signed by the applicant or recipient in order for it to be considered a complete application regardless of a county's automated tracking system. This provision also applies to online applications. The entire application includes the Application Forms (SAWS 1/DFA 285-A1), Statement of Facts forms (SAWS2/DFA 285-A2), and the Rights and Responsibilities (SAWS2A (QR)/DFA 285-A3 (QR)) forms which require signatures and dates on all three sections of the application consistent with Manual of Policies and Procedures (MPP) Section 63-300.2, 63-300.321, and All County Information Notice (ACIN) I-14-11.

FOR CDSS USE				
ONDED TO COUNTY/ALJ:				
12 (RN)				
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CF 24 (7/12)